

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782718		FILING DATE 02/20/01				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
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17		1					67						
18		1					68						
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39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46	1						96						
47	1						97						
48							98						
49							99						
50							100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.	43						TOTAL DEP.						
TOTAL CLAIMS	47						TOTAL CLAIMS						